

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001868

FILED
Jan 06, 2010
Secretary of State

Entity Name: HAINES CITY PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1300 POLK CITY ROAD
LOT 35
HAINES CITY, FL 33844 US

New Principal Place of Business:

753 WEST MAIN STREET
LOT 35
HAINES CITY, FL 33844 US

Current Mailing Address:

1300 POLK CITY ROAD
LOT 35
HAINES CITY, FL 33844 US

New Mailing Address:

753 WEST MAIN STREET
LOT 35
HAINES CITY, FL 33844 US

FEI Number: 65-0421045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, JACKIE S
1300 POLK CITY RD.
LOT 35
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

OSBORNE, JACKIE S
753 WEST MAIN STREET
LOT 35
HAINES CITY, FL 33844 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACKIE OSBORNE

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BURRELL, RICHARD
Address: 753 WEST MAIN STREET LOT 228
City-St-Zip: HAINES CITY, FL 33844

Title: VD
Name: DAUTERMAN, ROD
Address: 753 WEST MAIN STREET LOT 242
City-St-Zip: HAINES CITY, FL 33844

Title: SD
Name: OSBORNE, JACKIE
Address: 753 WEST MAIN STREET LOT 35
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: GABRIELSON, BILL
Address: 753 WEST MAIN STREET LOT 241
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: WHEELER, TOM
Address: 753 WEST MAIN STREET LOT 251
City-St-Zip: HAINES CITY, FL 33844

Title: TD
Name: SMITH, JEAN
Address: 753 WEST MAIN STREET LOT 160
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACKIE OSBORNE

SD

01/06/2010

Electronic Signature of Signing Officer or Director

Date